

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

**ARIZONA STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**ORIGINAL CERTIFICATE OF BIRTH**

State Index No. 220  
 Co. Registrar No. 61  
 Local Registrar No. \_\_\_\_\_

**PLACE OF BIRTH**  
 1. County of Greenlee  
 District of \_\_\_\_\_  
 Town of Franklin  
 or \_\_\_\_\_  
 City of \_\_\_\_\_ No. \_\_\_\_\_ (If birth occurred in a hospital or institution, give its NAME instead of street and number) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child Angel Serna (If child is not yet named, make supplemental report, as directed)

3. Sex of child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth 1 6. Legitimate? Y 7. Date of birth April 19 1923 (Month, day, year)

<p>8. Full name <u>Pablo Serna</u> <b>FATHER</b></p> <p>9. Residence (Usual place of abode) <u>Franklin Ariz</u>        If nonresident, give place and State _____</p> <p>10. Color or race <u>Mex</u></p> <p>11. Age at last birthday <u>35</u> (Years)</p> <p>12. Birthplace (city or place) (State or country) <u>Ariz</u></p> <p>13. Occupation <u>Farmer</u>        Nature of Industry _____</p>	<p>14. Full maiden name <u>Ramona Bieker</u> <b>MOTHER</b></p> <p>15. Residence (Usual place of abode) <u>Franklin Ariz</u>        If nonresident, give place and State _____</p> <p>16. Color or race <u>Mex</u></p> <p>17. Age at last birthday <u>27</u> (Years)</p> <p>18. Birthplace (city or place) (State or country) <u>Ariz</u></p> <p>19. Occupation <u>Housewife</u>        Nature of Industry _____</p>
---	---

20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.)  
 (a) Born alive and now living 5 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive at 8:30 A.M. on the date above stated.  
 (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature [Signature] (Physician or midwife)  
 Address \_\_\_\_\_  
 Given name added from a supplemental report \_\_\_\_\_ (Month, day, year)  
 Registrar. \_\_\_\_\_

Filed 5/8 1923 \_\_\_\_\_ Local Registrar  
 Filed 5/14 1923 \_\_\_\_\_ County Registrar

421-419-921